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Dated: 1/26/05

Signature: Joanne Ryan

(Joanne Ryan)

Docket No.: BBNT-P01-112
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Elliott et al.

Application No.: 09/624796

Confirmation No.: 7220

Filed: July 25, 2000

Art Unit: 2663

For: SYSTEM AND METHOD FOR TESTING
PROTOCOLS FOR AD HOC NETWORKS

Examiner: D. W. Ferris

AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated November 3, 2004 (Paper No. 20041028), finally rejecting claims 1-4, 6-13, and 34-38, and objecting to claim 5, please amend the above-identified U.S. patent application as follows:

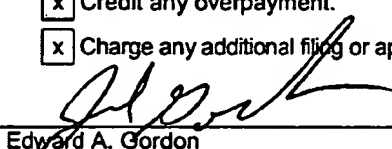
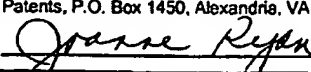
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

OK to
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AMENDMENT TRANSMITTAL LETTER				Docket No. BBNT-P01-112	
Application No. 09/624796		Filing Date July 25, 2000		Examiner D. W. Ferris	
				Art Unit 2663	
Applicant(s): Elliott et al.					
Invention: SYSTEM AND METHOD FOR TESTING PROTOCOLS FOR AD HOC NETWORKS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 38 =	0	x	0.00
Independent Claims	3	- 6 =	0	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Edward A. Gordon Attorney Reg. No.: 54,130 ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624 (617) 951-7532				Dated: <u>January 26, 2005</u>	
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Dated: <u>1/26/05</u>		Signature:  (Joanne Ryan)			